

**CITY OF JUNCTION CITY
COMPUTER and CELL PHONE USE POLICY**

CITY OF JUNCTION CITY
680 GREENWOOD
P.O. BOX 250
JUNCTION CITY, OR 97448

6 pages

USE AUTHORIZATION

The City of Junction City reserves the right to grant access to computers, networks, Internet services, and cell phones to any employee who has a need for such access in the performance of their position within the City. Before the access is confirmed each employee must acknowledge that they have read and understand this policy by signing below. The signed policy acknowledgement shall be retained in the employee's personnel file.

CONTROL AND RESPONSIBILITY

All computers and cell phones remain under the control, custody and supervision of the City of Junction City. It is the responsibility of employees to limit use of City computers, networks, Internet services, and cell phones to those tasks that support and/or enhance job performance and fulfill/meet job expectations. The City reserves the right to audit computer and cell phone usage and to monitor for compliance with this policy. Administration may also develop additional administrative regulations and/or procedures governing the day-to-day management and operations of the City's cell phones, computer equipment and systems.

Given the insecure nature of electronic communications, all employees are reminded and encouraged to exercise appropriate caution. This includes protecting the equipment from weather, theft, and external or internal damage and using the equipment only for the purpose for which it is intended. This also includes, but is not limited to, saving files, creating back-up records, only opening email attachments from a reliable source, visiting only appropriate websites, and obtaining approval prior to downloading or installing software, purchasing computer related products, and/or attaching peripheral equipment.

PRIVACY

The City reserves the right to monitor all computer, Internet, and cell phone activities by employees. Therefore, employees are reminded that there is no expectation of privacy in their use of city computers, networks, Internet services, and/or cell phones. Employees are advised that electronic communications can be a matter of public record.

NON-WORK USE

In general, City computers, networks, Internet services, and cell phones are to be used only for City business during regular working hours. Discretionary use for non-work related purposes will be permitted, so long as it is limited to employees on authorized normal break periods. Additionally, the City recognizes the occasional need for employees, during work hours, to make brief personal phone calls to take care of a variety of matters that can only be accomplished during regular working hours. Personal phone calls made on City cell phones should be brief (2-3 minutes) and infrequent (3-4 per day). Examples of acceptable use could include making appointments, conferring with a child's school, contacting a spouse or child care giver to advise them of unexpected schedule changes or the need to work later than normal and emergency situations. Non-work related computer and phone use, whether or not it occurs during regular working hours, shall not interfere with any employee's job duties and/or performance and it must be consistent with standards of appropriate employee conduct.

PAYROLL CHANGE FORM

To: Payroll Department	Employee No. 151
	Employee Name JAMES CLEVENGER
	Department POLICE

PLEASE ENTER THE FOLLOWING CHANGE(S) IN YOUR RECORDS, EFFECTIVE:

NEW HIRES – PROMOTIONS – WAGE INCREASES

10-1-11

Type	Rate	Per	Step
<input checked="" type="checkbox"/> New Hire	\$15.00	<input checked="" type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	PAID RESERVE
<input type="checkbox"/> Probation Completed	\$	<input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	
<input type="checkbox"/> Step Increase	\$	<input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	
<input type="checkbox"/> Cost of Living	\$	<input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	
<input type="checkbox"/> Bonus	\$	<input type="checkbox"/> Hr <input type="checkbox"/> Mo <input type="checkbox"/> Yr	
<input type="checkbox"/> Other - Promotion	\$	<input type="checkbox"/> Hr <input checked="" type="checkbox"/> Mo <input type="checkbox"/> Yr	

DEPARTURES	REASON GIVEN	ELIGIBLE FOR REHIRE?
<input type="checkbox"/> Resignation		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
<input type="checkbox"/> Retirement		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
<input type="checkbox"/> Layoff		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
<input type="checkbox"/> Discharge		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
<input type="checkbox"/> Leave of Absence	From	To

PAYROLL DEDUCTION AUTHORIZATIONS – LEAVE ACCRUAL RATE and/or BALANCE CHANGES

Description (i.e. AFLAC, Vacation)	Amount (\$ or hours)	Description (i.e. AFLAC, Vacation)	Amount (\$ or hours)

COMMENTS:

Department Head Approval <i>Mark J. Chase</i>	Date: 10/01/11
H.R./Finance Dept. Approval <i>[Signature]</i>	Date: 1-9-12
City Administrator Approval <i>[Signature]</i>	Date: 1/12/12
Employee Signature <i>[Signature]</i>	Date: 1-27-12
Payroll Department <i>[Signature]</i>	Date: 1-27-12

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.


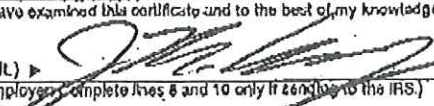
Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (single) or \$180,000 (married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>0</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H <u>1</u> For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2011
1 Type or print your first name and middle initial. Last name James M. Cleavenger		2 Your social security number 536 825338		
Home address (number and street or rural route) 36383 Tinker Road		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code Pleasant Hill, OR 97455		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>1</u>		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>		
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶ 7 <u> </u>				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶ 		Date ▶ 12/29/2011		
8 Employer's name and address (Employer complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page

Cat. No. 102200

Form W-4 (2011)

PAYROLL NEW HIRE FORM

CITY OF JUNCTION CITY

CITY OF JUNCTION CITY
680 GREENWOOD
P.O. BOX 250
JUNCTION CITY, OR 97448

PLEASE PRINT

To: Payroll Department	Employee No:
	Employee Name: <i>James M. Cleavenger</i>
	Department: <i>Police</i>
	Position: <i>Reserve Officer</i>

PLEASE ENTER THE FOLLOWING CHANGE(S) IN YOUR RECORDS, EFFECTIVE:

NEW HIRES

Type	Rate	Per	Step
<input checked="" type="checkbox"/> New Hire		[] Hr [] Mo [] Yr	
[] Full-time <input checked="" type="checkbox"/> Part-time [] Seasonal			
Hire Date: <i>1/5/10</i>			
Have You Ever Been a Member of PERS Retirement? [] Yes <input checked="" type="checkbox"/> No If Yes, When?			

PERSONAL INFORMATION

Full Name:	<i>James Michael Cleavenger</i>
Address:	<i>2675 Cresta De Ruta St.</i>
City/State/Zip:	<i>Eugene, OR 97403</i>
Telephone No:	<i>503-990-9368</i>
Date of Birth:	<i>09/20/1978</i>
Social Security No:	<i>536-82-5338</i>

EMERGENCY CONTACT INFORMATION & Known Allergies

<i>Chelsea Brandenburg</i>	<i>Sig. Other</i>	<i>2675 Cresta De Ruta Eugene, OR 97403</i>	<i>913-961-8659</i>
Name	Relationship	Address	Phone
<i>Patricia Cleavenger</i>	<i>Mother</i>	<i>1919 Meadows Dr. N. Richland, WA 99352</i>	<i>509-628-0064</i>
Name	Relationship	Address	Phone

Known Allergies:

None

Employee's Signature <i>[Signature]</i>	Date <i>3/31/2010</i>
Department Head Approval: <i>[Signature]</i>	Date <i>4/19/10</i>
City Administrator Approval: <i>[Signature]</i>	Date <i>4/20/10</i>
Payroll Department Action: <i>[Signature]</i>	Date:

CITY OF JUNCTION CITY

680 GREENWOOD

P.O. BOX 250

JUNCTION CITY, OR 97418

RESERVES ONLY

Standard Insurance Company

Enrollment and Change Form

Check all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle) Cleavenger, James, Michael		Group Name City of Junction City		Group Number(s) 134071																																
	Your Address 2675 Cresta De Ruta St.		City Eugene		State OR	Zip 97403																															
	Your Soc. Sec. No. 536-82-5338		Date of Birth 09/20/1978		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Job Title/Occupation Reserve Police Officer																																
COVERAGE SECTION	Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.																																				
	1. Life Insurance <input type="checkbox"/> Life <input type="checkbox"/> Life with AD&D Employer paid amount \$ _____ <input type="checkbox"/> Additional/Optional Life <input type="checkbox"/> Additional/Optional Life with AD&D Your requested amount \$ _____																																				
	2. Voluntary Life Insurance <input type="checkbox"/> Voluntary Life <input type="checkbox"/> Voluntary Life with AD&D Your requested amount \$ _____																																				
	3. Dependents Life Insurance <input type="checkbox"/> Spouse requested amount \$ _____ Spouse Name _____ Date of Birth _____ <input type="checkbox"/> Children requested amount \$ _____																																				
	4. Accidental Death and Dismemberment (AD&D) Insurance <input checked="" type="checkbox"/> AD&D Employer paid amount \$ 100% <input type="checkbox"/> Voluntary AD&D Your requested amount \$ _____																																				
	5. Supplemental Life Insurance Your requested amount \$ _____ Spouse requested amount \$ _____																																				
	6. Short Term Disability <input type="checkbox"/> Employer Paid <input type="checkbox"/> Enhanced (Buy-up) <input type="checkbox"/> Voluntary STD																																				
	7. Long Term Disability <input type="checkbox"/> Employer Paid <input type="checkbox"/> Enhanced (Buy-up) <input type="checkbox"/> Voluntary LTD																																				
	8. Dental (See below) <input type="checkbox"/> Employer Paid <input type="checkbox"/> High Plan <input type="checkbox"/> Voluntary Dental																																				
	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced Coverage requested for <input type="checkbox"/> You, your spouse and children <input type="checkbox"/> You and your spouse <input type="checkbox"/> You only <input type="checkbox"/> You and your children (no spouse) Are you covered for dental insurance under another plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Are one or more dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No <table border="1"> <thead> <tr> <th colspan="2">List dependents to enroll or delete.</th> <th>Sex</th> <th>Date of Birth</th> <th colspan="2">List dependents to enroll or delete.</th> <th>Sex</th> <th>Date of Birth</th> </tr> <tr> <th colspan="2">(Last name if different, First, Middle Initial)</th> <th>M</th> <th>F</th> <th colspan="2">(Attach sheet for additional dependents if needed.)</th> <th>M</th> <th>F</th> </tr> </thead> <tbody> <tr> <td colspan="2">Spouse</td> <td></td> <td></td> <td colspan="2">Child 2</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Child 1</td> <td></td> <td></td> <td colspan="2">Child 3</td> <td></td> <td></td> </tr> </tbody> </table>						List dependents to enroll or delete.		Sex	Date of Birth	List dependents to enroll or delete.		Sex	Date of Birth	(Last name if different, First, Middle Initial)		M	F	(Attach sheet for additional dependents if needed.)		M	F	Spouse				Child 2				Child 1				Child 3		
List dependents to enroll or delete.		Sex	Date of Birth	List dependents to enroll or delete.		Sex	Date of Birth																														
(Last name if different, First, Middle Initial)		M	F	(Attach sheet for additional dependents if needed.)		M	F																														
Spouse				Child 2																																	
Child 1				Child 3																																	
Dental Insurance Waiver: Contributory Dental Insurance The Dental Insurance coverage available to me and my Dependents has been explained to me and I do not want to enroll at this time. I understand that if I elect to enroll in the future, the Dental Insurance coverage may be subject to a Late Enrollment Penalty. <input type="checkbox"/> I decline Dental Insurance for myself <input type="checkbox"/> I decline Dental Insurance for one or more Dependents																																					
BENEFICIARY	This designation applies to coverage available through your Employer, if any, under Coverage Section 1 or 2 above. Unless specified otherwise on a separate sheet of paper, this designation will also apply to coverage available through your Employer, if any, under Coverage Sections 4 and 5 above. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.																																				
	Primary - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit																															
	Chelsea Brandenburg		2675 Cresta De Ruta, Eugene 97403		574.920225	Sig Other 100																															
	Contingent - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit																															
Patricia Cleavenger		1919 Meadows Dr. N., Richland, WA		99352	Mother 100																																
CHANGE	Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply. <input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent <input type="checkbox"/> Name Change <input type="checkbox"/> Beneficiary Change Date of add/delete _____ Former name _____ <input type="checkbox"/> Other _____																																				
	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.																																				
SIGNATURE	Member/Employee Signature Required				Date (Mo/Day/Yr)																																
					3/31/2010																																
Human Resources Department - Complete this section. Retain form for your records.																																					
Division ID	Billing Category	Date of Hire or Rehire	Hours Worked Per Week	Earnings \$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr																																

OATH OF OFFICE

City of Junction City

James Cleavenger

I, ~~Travis Crossman~~, solemnly swear that I will support the Constitution and laws of the United States and of Oregon, and that I will faithfully perform the duties of my office as a **RESERVE POLICE OFFICER** for the City of Junction City.

[Signature]
Signature

8/24/2010
Date

Signed and sworn to before me
this 24 day of August 2010
by ~~Travis Crossman~~
James Cleavenger

Kitty Vodrup
Kitty Vodrup, City Recorder

CITY OF JUNCTION CITY
680 GREENWOOD
P.O. BOX 250
JUNCTION CITY, OR 97448

